Land Application Quarterly Report Reporting Period Year_____

	☐ Jan ☐ Apr	uary-March, il-June, Due	Due July 1 st October 1 st				Due Januar er, Due Apr	•			
Cour	nty:		Permit #	#:				•	ed form to: anagement		
Responsible Official: Facility Name: Address: City, State, Zip:							Energy and Waste Management Bureau 502 East Ninth Street Des Moines, Iowa 50319-0034				
inform	nation for	each category				facilities la	nd application	on process	. Please pro	ovide	
Month	n	pound	olication totals		-	th	poul	nds		_	
		<u> </u>	ls of total waste la)						
Mater	ial		%		Mater	ial		%			
Mater	ial		%		Mater	ial	%				
Provi	de the d	letails below	for the facili	ties land a	pplication	practices	for the rep	porting pe	eriod:		
SITE ID	LOADS PER MONTH	Pounds per Month	GALLONS APPLIED	% Solids	DRY TONS APPLIED	DESIGN DT/ACRE	ACRES USED	ACRES USED TO DATE	PERMITTED ACRES	ACRES REMAINING	

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IF MORE SPACE IS NEEDED PLEASE ATTACH ADDITIONAL PAGES.										
CERTIFICATION I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.										
Signature			Name & agency of Person			Da	te	Telephone N	lumber	

Signature	Certifying (please type or print)	Date	relephone Number
Email:			Fax:
Additional Comments:			

Additional Comments.							

DNR form rev 10/04 542-8016